

## MISSOURI DIVISION OF HEALTH.—STANDARD CERTIFICATE OF DEATH

-62-002073

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 560

STATE FILE NUMBER

FILED FEB 13 1962

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITY

Length of stay in 1b

10 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Heartstone Nursing

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

JACKSON

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

708 GARFIELD

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Lee

A.

Ticehurst

4. DATE OF DEATH

Month

Day

Year

JAN.

27.

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

Cauc.

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

5-22-1890

## 9. AGE (last birthday)

71

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Broker

10b. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTHPLACE (City and state or country)

Topeka, Kans.

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Almond Ticehurst

## 13b. MOTHER'S MAIDEN NAME

Rose Snyder

## 14. NAME OF HUSBAND OR WIFE

Mrs Lillian Ticehurst

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Records of Muehlebach F.H. 6800 Truost

## 18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Cerebral Hemorrhage  
Arteriosclerosis

## INTERVAL BETWEEN ONSET AND DEATH

2 days

8 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9-6-60

to 1-27-62

and last saw her alive on 1-27-62

Death occurred at

7:05 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

Frank Paul Lawrence

428 South White Ave

1-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal

1-31-62

Rochester Cemetery

Topeka

KANSAS

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Muehlebach

6800 Truost

1-30-62

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank Laimanyana  
428 So. White  
BE 1-3319

Menorah H  
11:30 - 31  
Emergency

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Danny C. Kerns., Student Embalmer No. 647  
working under my personal supervision.

Student Danny C. Kerns.  
Signature of Student Embalmer

Signed B. D. Nelson

Licensed Embalmer No. 4421

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.